## CANDIDATE / OFFICEHOLDER REPORT: CITY CLERK

	DES	SIGNATION OF FINAL REPORT								
		2003 JUL 24 AMII: 16								
	The In	The Instruction Guide explains how to complete this form.  → Complete only if "Report Type" on page 1 is marked "Final Report" →								
1	C/OH N	NAME  2 ACCOUNT #(Ethics Commission filers)								
	M	artin R. Condero								
3	SIGNA									
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.									
		White Briles								
		Signature of Candidate / Officeholder								
		•								
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are a candidate ••									
	A.	CAMPAIGN FUNDS								
	Chec	k only one:								
	X	I do not have unexpended contributions or unexpended interest or income earned from political contributions.								
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.									
	В.	ASSETS								
	Chec	conly one:								
	I do not retain assets purchased with political contributions or interest or other income from political contributions.									
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.								
		Signature of Candidate								
_	OFFIC									
5	OFFICEHOLDER  •• Complete this section only if you are an officeholder ••									
	am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.									
		Signature of Officeholder								

## **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

FORM C/OH

		2003 JUL 24 A	III: 16 OVER SHEET PG T				
The C/OH INSTRUCTION this form.	on Guide explains how to comp	lete 1 ACCOUNT# (Ethics Commission file	2 Total pages filed:				
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE FIRST MARTIN	MI	OFFICE USE ONLY				
	NICKNAME LAST Condero	su	Date Received				
4 CANDIDATE / OFFICEHOLDER ADDRESS  Change of Addres	ADDRESS / PO BOX: APT / SUITE #:  1226 Avant	CITY; STATE; ZIP	CODE  - Z/ 0  Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	TITLE FIRST Mark	~ /Z	Receipt # Amount				
	NICKNAME LAST	SUF					
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE). AI	PT/SUITE #: CITY: STA	_				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 737 210	EXTENSION					
8 REPORTTYPE	January 15 30th day before		15th day after campaign treasurer appointment (officeholder only)				
9 PERIOD COVERED	Month Day Year	Month	Day Year  2 9 3				
10 ELECTION	Month Day Year	ION TYPE  Primary Runoff	General Special				
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGH	T (if known)				
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaig Candidates are required to disclose this inform	in expenditures made by others witho nation only if they receive notification	ut the candidate's prior consent or approval. of the direct campaign expenditure. ••				
BY OTHER INDIVIDUALS	Name N/A						
additional pages	Address / PO Box; / Apt. / Suite #; City; Sta	ate; Zip Code					
GO TO PAGE 2							

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	* TOTAL	LS 2003 JUL 24 AM I		GOYER SHEET PG 2					
14 C/OH NAME	Liv R.	Cordero	1	5 ACCOUNT #(Ethics Commission filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	•• This box is for no may have been made	tice of political expenditures by political con e without the candidate's or officeholder's kno f they receive notice of such expenditures.	owledge or consent. Candidate	te / officeholder. These expenditures s and officeholders are required to report					
331	COMMITTEE NAME								
	GENERAL COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	VIII VIII VIII VIII VIII VIII VIII VII						
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS						
17 NO REPORTABLE ACTIVITY	Check here if r	o reportable activity occurred during this rep	porting period. (Sign affidavit below	and submit pages 1 and 2 only.)					
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 ( S, LOANS, OR GUARANTEES OF LOA	OR LESS (OTHER THAN ANS), UNLESS ITEMIZED	\$ 6					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARA	INTEES OF LOANS)	\$ Ø					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ \$						
	4. TOTAL POLITICAL EXPENDITURES			\$					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTAI Y OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$ Ø					
19 AFFIDAVIT									
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.									
Signature of Candidate or Officeholder									
AFFIX NOTARY SAMPLINE ABOVE									
Sworn to and subscrib	ped before me, by to $0.03$	he said <u> </u>	eal of office.	this the day					
Melinda S.	IPC+	Melinda S. lipez	e /	Votany					
Signature of officer adr	runstering oath	Printed name of officer adminis	stering oath Title	or officer administering oath					